Your 1990 guide to flea and tick products

Finding an associate in Northern Michigan

How well do you manage your time?

veterinary economics

THE MAGAZINE OF PRACTICE MANAGEMENT AND FINANCE

Montrose Veterinary Clinic
Houston, Texas

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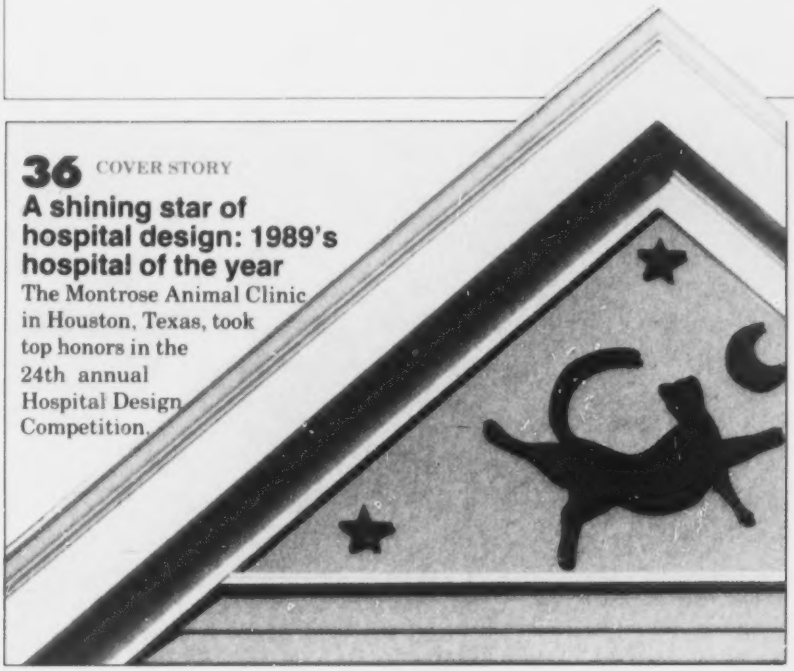
MARCH 1990



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MEMO FROM THE EDITOR

A glass slipper for practice management

Before there is a hospital in which to practice veterinary medicine, there must be a commitment to build the hospital, to staff it, and to attract clients to it. That commitment, which grows from a proven dedication to the health and welfare of animals, sounds noble and lofty and good—until it is labeled for what it really is: *management*. Suddenly the confusion of construction and employees and clients is a barrier—not a conduit—between the medicine you've been trained to offer and the animals that need your help.

Last month, management got a reprieve. Always the ugly stepsister to medicine's Cinderella, practice management rose in favor with the introduction of the Hill's National Center for Veterinary Practice Management. In a largely unprecedented move to recognize management as an *academic* prerequisite to complete animal health care, Hill's Pet Products and Kansas State University announced their intention to create the nation's first facility for teaching business and management skills to veterinary students.

According to Dr. Michael Lorenz, dean of Kansas State's College of Veterinary Medicine, the students will concentrate on something near and dear to those currently in practice: Finding solutions to real-life practice management problems. I think you'll agree that plenty of case studies are available, especially in the areas of personnel, profit and loss, client communications, legal tenets, and ethical concerns. Is there anybody out there who *doesn't* have a story to tell?

A practice management curriculum is not likely to replace the lessons that are taught and learned in hospitals every day. But I think the profession has only to gain as word spreads that you can't practice much of anything without management. And with active, effective management in place, you're freer to practice the medicine that lead you to this profession in the first place. How's that for teamwork?

Becky Turner

Rebecca R. Turner

A SHINING STAR OF HOSPITAL DESIGN

THE 1989 HOSPITAL OF THE YEAR

The Montrose Veterinary Clinic in Houston, Texas, took top honors in the 24th annual Hospital Design Competition. Here's how Dr. Patrick Ross Davidson made his mark on veterinary architecture.

By David G. Manley

Dr. Patrick Ross Davidson's formula for creating a dynamic facility for his successful practice involved teamwork squared, location to the third power (location, location, location), and quality factored to the nth degree. The result? Montrose Veterinary Clinic—named 1989 Hospital of the Year in VETERINARY ECONOMICS' 24th annual Hospital Design Competition.

Teamwork, Dr. Davidson says, is the most important factor, and in his case, it's all in the family. Project architect, Leslie Barry Davidson, is the owner of L. Barry Davidson Architects AIA Inc. —and Dr. Davidson's wife of 18 years. "There's no doubt I chose the best architect around," he says. "Last year she was named Houston's Young Architect of the Year by the Houston chapter of the American Institute of Architects." And, he adds with a smile, "she gave me a very reasonable fee."

THE AUTHOR is a freelance journalist based in the Kansas City area

Leslie Davidson specializes in residential structures, one of the reasons Dr. Davidson chose a 1920s-style bungalow motif for the clinic. "The neighborhood is made up of these bungalow-style houses," he says. "It was very important to me for the clinic to fit in and to earn the neighborhood's approval." Zoning, the doctor adds, wasn't a factor in either design or location, as "Houston really doesn't have any zoning."

Of his site and style selection, Dr. Davidson says, "Strip developments, if you'll pardon the term, are bad enough, but I think it rude that people put up new structures that don't fit in with the buildings around them."

Blending his practice with area architecture proved successful for Dr. Davidson, who graduated from the University of Illinois School of Veterinary Medicine in 1975, and came to Texas with his wife the same year. "Our clients say they like being in my building because it's like being in a house," he says. "I've had people stop in just because of the building. The neighborhood really likes it."

Quality pays for itself

Dr. Davidson says that his facility is expensive compared to the other structures in the area. "I have an expensive building for a number of reasons," he explains. "We have shifting soil here, a tremendous subsidence problem. This makes for an expensive foundation system. It's a floating pier and beam foundation.

"But I'm a strong believer in quality. It's better to build the structure as a quality structure from foundation to top, and all between. I know that quality pays in this world. I also know that if you don't pay for quality up front, you'll pay much more later on. Believe me, this was very efficient."

Located at the intersection of a residential street and a busy boulevard, the clinic is accessible from both streets and offers "off-street" parking on the boulevard

The bungalow architecture of Houston's Montrose Veterinary Clinic blends well with the surrounding neighborhood. Owner Dr. Patrick Ross Davidson chose the dancing cat and dog motif on the roof gables to identify the structure as a dog and cat hospital. This theme also serves as the clinic's logo. In the reception area, vaulted ceilings and ceiling fans increase air circulation in the muggy Texas climate. "The reception area is homey, and our supply center doesn't look like a supermarket," Dr. Davidson says.

side. Project costs for the 5,350-square-foot facility totaled about $400,000, or $74.77 per square foot. Dr. Davidson values the site, which he purchased five years before ground-breaking, at $60,000.

"I bought the property in 1983 and worked out of the existing structure," Dr. Davidson says. "It was a clinic that was a remodeled bungalow, more or less like the other houses in the neighborhood. We started construction on the property east of the existing building, and when we finished the new place in October 1988, we

MOST ENTRIES—AND WINNERS—HAIL FROM EAST OF THE MISSISSIPPI

The map above shows the number of entries from each state.
The winners—whose states are highlighted—are listed below.

1989 Hospital of the Year
Montrose Veterinary Clinic
Houston, Texas
Small animal freestanding

1989 Runner-Up
Harding Hills Veterinary Clinic
Des Moines, Iowa
Small animal leasehold

1989 Merit Awards

Bay Pines Veterinary Clinic
& Bay Pines Boarding and Grooming
Harbor Springs, Mich.
Small animal additions/alterations

Crossroads Animal Hospital
Carrollton, Texas
Small animal leasehold

Just Cats
Cleveland, Ohio
Small animal conversion

Manassas Animal Hospital
Manassas, Va.
Small animal conversion

Pender Veterinary Clinic
Fairfax, Va.
Small animal owner-developed leasehold

The Pet Care Professionals
Memphis, Tenn.
Small animal freestanding

York Road Animal Hospital
North Royalton, Ohio
Small animal freestanding

Raytown Gregory Animal Health Center
Raytown, Mo.
Small animal freestanding

Shamrock Veterinarians
Mt. Dora, Fla.
Small animal freestanding*

Wellesley-Natick Veterinary Hospital
Natick, Mass.
Small animal freestanding

*Practice is mixed animal, facility is small animal

THE JURY'S VERDICT

The judges agree: The caliber of hospitals entered in the 24th annual Hospital Design Competition was outstanding. Although there were fewer entries this year—41 compared to last year's 62—the jury spent hours narrowing their choices to 12 winners: one Hospital of the Year, one runner-up, and 10 Merit Award winners. Veterinarians Jim Rosenberger and Ross Clark, and architects Dan Chapel and Jim Marshall, served as this year's judges. From among their observations:

- The number of entries from California, Texas, and Florida dropped significantly this year. The three states combined contributed 22 hospitals last year; this year, the total came to only seven. The judges speculate that stricter EPA regulations in these states help make veterinary construction projects cost-prohibitive.
- There appears to be a new popularity in placing gutters at run gates, a feature the jury discourages because dogs tend to step into the gutters when leaving the run.
- Dr. Clark notes that some hospitals lacked office space for associates. "I wonder about the philosophy of not having a secondary office for associates to share," he says. "Here's a person with eight years of schooling; at least give him or her a desk. I think that's sometimes the key to keeping associates."

A revision in the rules

The judges agreed to several revised rules, effective immediately. If you'd like to enter next year's competition, please note:

- Hospitals will now be eligible up to *five* years—rather than two—after their completion dates. Says Dr. Clark: "From submitting my own hospital, I know that by the time you're finished building, you're so drained that you hardly have energy." The longer time frame also allows veterinarians to better assess how pleased they are with their new buildings.
- Hospitals may be entered only once, unless the judges request resubmission on a case-by-case basis.
- Each entry must include photos that adequately depict the design. Entries lacking photos from key areas risk disqualification.
- Awards will be given to no more than 12 facilities, with one designated "Hospital of the Year." "Runners-up" shall be awarded if the judges see fit. All other awards will be designated "Merit Awards," no matter the construction type. Veterinarians in *all* practice types are encouraged to enter the competition.

Submission and presentation rules are included on the application. To receive an entry for the 25th annual competition, write VETERINARY ECONOMICS, 9073 Lenexa Dr., Lenexa, KS 66215.

sold the old building and the new owners hauled it off, making room for our parking lot." Selling the former facility, Dr. Davidson explains, proved more beneficial than tearing it down, especially from a tax standpoint.

The parking lot, with spaces for 15 vehicles, stands as the only sore spot in the project. "I thought the parking lot, which is asphalt, was where I could cut corners," Dr. Davidson says, "but I was wrong. I should have used concrete because we really had a bad problem with tracking [of asphalt into the clinic]. It's better now, but I can see that I should have done it right in the first place."

Form follows function

The exterior features washboard siding to help maintain the "cottage" style of the previous structure. Dr. Davidson says he chose a beige and red color scheme to produce an eye-catching building. The clinic provides all the comforts of home. "We wanted our clients to feel comfortable, at home," he explains. "I wanted them to be able to go outside, walk around, smoke a cigarette if they want. That's why we included Texas-style, wrap-around porches. There's a feeling of openness, yet clients are protected from the rain or hot sun."

The clinic's interior features vaulted ceilings and ceiling fans for increased air circulation. The reception area leads to the cluster of four exam rooms, which open into the pharmacy and laboratory area. The work area of the hospital includes a grooming ward with a private entrance.

Air quality is controlled with a

TRIBRISSEN®

(trimethoprim and sulfadiazine)
For use in dogs

Brief Summary

Indications: Tribrissen therapy is indicated in dogs where potent systemic antibacterial action against sensitive organisms is required for control of bacterial infection during treatment of acute urinary tract infections, acute bacterial complications of canine distemper, acute respiratory tract infections, acute alimentary tract infections, wound infections and abscesses, and acute septicemia due to *Streptococcus zooepidermicus*.

Contraindications: Tribrissen should not be used in dogs showing marked liver parenchymal damage, blood dyscrasias or in those with a history of sulfonamide sensitivity.

Adverse Reactions: Conditions reported following use of trimethoprim/sulfadiazine include polyarthritis, keratitis, facial swelling, fever, hemolytic anemia, polydypsia-polyuria, vomiting, anorexia, diarrhea and seizures. Keratitis sicca, possibly due to prolonged use of trimethoprim/sulfadiazine, has been reported. This condition has also been associated with the prolonged use of other sulfonamide-containing products.

Hepatitis, possibly due to sulfonamide hypersensitivity, has been diagnosed following Tribrissen therapy.

Individual animal hypersensitivity may result in local or generalized reactions, sometimes fatal. Anaphylactoid reactions, although rare, may also occur. **Antidote:** Epinephrine.

Injection: An occasional dog may exhibit minor transient pain or discomfort following an injection.

Precautions: Water should be readily available to dogs receiving sulfonamide therapy.

Side Effects: Slight to moderate reductions in hematopoietic activity following high prolonged dosage in several species have been recorded. This is usually reversible by folinic acid (leucovorin) administration or by stopping the drug. During long-term treatment of dogs, periodic platelet counts and white and red blood cell counts are advisable.

Reproduction: Dogs given therapeutic doses (30 mg/kg per day) of Tribrissen continuously and at interrupted intervals throughout pregnancy gave birth to normal progeny. From these studies, it appears that Tribrissen can safely be given to dogs during gestation.

Tribrissen has not been clinically evaluated in stud dogs and therefore cannot be recommended for use.

Dosage and Administration: The recommended dose may be given once every 24 hours. Alternatively, for severe infections, the initial dose may be followed by one-half the normal daily dose every 12 hours. Continue acute infection therapy for two to three days after symptoms have subsided. Do not extend therapy for more than 14 days. If significant reduction in the count of any formed blood elements is noted, treatment should be discontinued. If no improvement of acute infections is seen in three (3) to five (5) days, reevaluate diagnosis.

Injection: The recommended dose is 1 ml Tribrissen 24% injection per 20 lb. (9 kg) body weight per day administered subcutaneously. Shake well before using.

Tribrissen 24% injection may be used alone or in conjunction with oral dosing. After initial injection, therapy can be maintained with Tribrissen Tablets or Oral Suspension.

Tablets: The schedule below provides for a dose of 30 mg/2.5 lb. per day (approximately 30 mg/kg per day).

WEIGHT OF DOG (lb.)	TRIBRISSEN TABLET
2.5 lb.	30 mg Tablet
10.0 lb.	120 mg Tablet
40.0 lb.	480 mg Tablet
80.0 lb.	960 mg Tablet

How Supplied: Tribrissen 24% Injection: trimethoprim 40 mg and sulfadiazine 200 mg per ml sterile—supplied in 30 ml multiple-dose vials.

Tribrissen 30 Tablets: Each white sugar-coated tablet contains 5 mg trimethoprim and 25 mg sulfadiazine—supplied in bottles of 100 tablets.

Tribrissen 120 Tablets: Each white sugar-coated tablet contains 20 mg trimethoprim and 100 mg sulfadiazine—supplied in bottles of 100 and 500 tablets.

Tribrissen 480 Tablets: Each white scored tablet contains 80 mg trimethoprim and 400 mg sulfadiazine—supplied in bottles of 100 and 250 tablets.

Tribrissen 960 Tablets: Each white scored tablet contains 160 mg trimethoprim and 800 mg sulfadiazine—supplied in bottles of 50.

Caution: Federal law restricts the drug to use by or on the order of a licensed veterinarian.

COOPERS
A Pitman-Moore Company

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WHO ENTERED WHAT?

The 41 entries in this year's competition included:

Construction type	
New freestanding:	24
Leasehold:	7
Additions and alterations:	5
Conversions:	3
Owner-developed leasehold:	2

(No hospitals entered in either the "alterations only" or "additions only" categories.)

Practice type	
Small animal:	33
Mixed animal:	8*
Large animal and equine:	0

*Only two facilities of the eight mixed animal practices were designed to treat large animals in-hospital.

three-zone system. "I wanted each section to be contained as far as sound, heating and air conditioning, and ventilation," Dr. Davidson says. The three zones are configured as follows: the reception area; the lab/pharmacy, treatment, surgery, radiology, and offices; and the animal quarters, isolation, and grooming.

Three high-efficiency, gas-fired furnaces and an electric heat pump warm the clinic. Cooling for the facility comes from four electric, high-efficiency air condensers. Acoustic walls and sound doors also aid in temperature control. Exhaust fans in each ward, along with the separate air-conditioning systems, keep air from recirculating.

"By doing the design this way, we have three sound zones all separated in the clinic," Dr. Davidson says. "The odor is controlled by the four mechanical units that change the air, filter it, and isolate the kennel air from the public areas. There is absolutely no noise or odor transmission to any other part of the clinic, or to the outside. The neighbors love it." The clinic, he adds, is equipped with 80 cages and eight indoor runs.

Why the meticulous attention to internal systems? To ward off Houston's intense heat, extreme humidity, and seemingly never-ending sunlight. In addition to the air systems, the porches and sun blinds help to shade the doctors' offices and employee lounge, which are located on the west side of the building.

Interior detailing, Dr. Davidson adds, was designed as much for

MONTROSE VETERINARY CLINIC

Address: 1701 Montrose Blvd.
Houston, TX, 77006

Owner: Patrick R. Davidson, DVM

Practice type:
100 percent small animal

Support staff: 6 full-time
2 part-time

Building size: 5,350 square feet

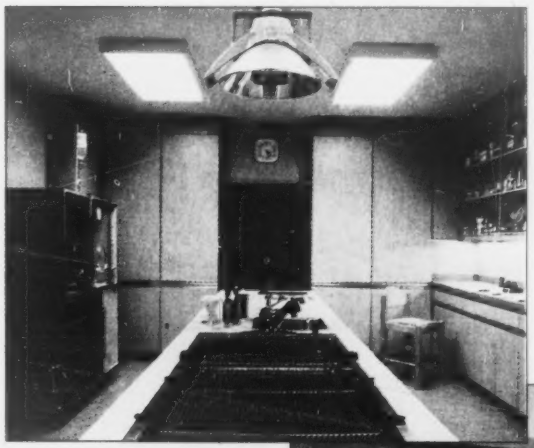
Construction cost: $400,000
($74.77 per square foot)

Site cost: $60,000

Equipment costs: $49,000

Furnishings costs: $2,000

Architect:
L. Barry Davidson Architects
2514 Elmen St.
Houston, TX 77019



In the treatment area (above), as in the office and public areas, the ceiling is enamel paint on gypsum board. Floors are made of seamless, germ-free sheet vinyl mipolam, with integral cove base. Built-in cabinets and shelves in the lab/pharmacy are made of Melamine on particle board. Counters and splashes are of plastic laminate. Fluorescent lights overhead and under cabinets illuminate the work areas.

THE GOING RATE FOR NEW HOSPITALS

Clinic type	Average construction costs[1]	Average cost per. sq. ft.
Freestanding	$288,921	$ 70
	282,605	58
Leasehold	64,150	27
	41,824	22
Additions	*	*
	100,000	100
Alterations	*	*
	107,678	32
Additions alterations	336,074	37
	185,060	49
Conversion	275,833	62
	148,885	47
Owner-developed leasehold	522,830[2]	91
	244,080	90
All projects	255,773	59
	202,648	50

1989 entries
1988 entries

[1]Figures compiled from VETERINARY ECONOMICS Hospital Design Competition entries from 1988 and 1989. Land and equipment costs not included.

[2]Tabulated by multiplying per-square-foot cost of total center by square footage of clinic and adding the cost of the leasehold improvement.

*Not applicable.

MARKING A MILESTONE

1991 marks the 25th year of our annual hospital design competition. To help us prepare a special section commemorating this anniversary, we invite you to share any anecdotes or opinions you have about the evolution of hospital design. How far has the profession come? How far is there still to go? Write Hospital Design, 9073 Lenexa Dr., Lenexa, KS 66215. Thank you.

client and staff comfort as for durability and convenience. Seamless vinyl floor covering—with integral cove base, heavy vinyl wainscoting, and vinyl wall coverings—helps maintain cleanliness. Leash hooks, medical and veterinary supply cases, discreet signage, and ambient lighting enhance client comfort and help reduce confusion and anxiety in the sometimes-hectic clinic.

Ready to grow

Dr. Davidson describes the Montrose Veterinary Clinic as a medium-sized practice that's growing. Approximately 350 square feet of attic space is available for an office and apartment unit; air conditioning and carpet are already installed in this area.

"I wanted to include the extra attic space just in case we were to become a 24-hour clinic," Dr. Davidson says. He currently works with one associate, Dr. Stephen Burda, plus six full-time and two part-time employees.

According to Dr. Davidson, his practice has grown 35 percent since opening its doors. "I attribute a lot of it to a great building," he says. "You can have a practice with all the quality in the world, but if clients don't come in, they'll never know it. One has to get them in the door first."

"I know," he concludes, "that if clients believe we've gone the extra mile on the building in terms of quality and convenience, they also know we will go the extra mile to make sure they have healthier pets." ■